

<b>SCC eFile</b>	<b>2015 ANNUAL REPORT</b> <b>COMMONWEALTH OF VIRGINIA</b> <b>STATE CORPORATION COMMISSION</b>	<b>215522633</b>					
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME:  <b>Price and Ramey, Incorporated</b></p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:  <b>TERRY KILGORE</b>  <b>197 WEST JACKSON ST</b>  <b>GATE CITY, VA</b></p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE:  <b>SCOTT COUNTY</b></p> <p>4.) STATE OR COUNTRY OF INCORPORATION:  <b>TN</b></p> </div> <div style="width: 35%;"> <p>DUE DATE: <b>6/30/2015</b></p> <p>SCC ID NO: <b>F1757865</b></p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>PREFER</td> <td>1,000</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	PREFER	1,000	
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PREFER	1,000						
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: 1524 BRIDGEWATER LN STE 101</p> <p style="text-align: center;">CITY/ST/ZIP: KINGSFORT, TN 37660</p>							
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>							
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: MALCOLM K SIMS  TITLE: PRESIDENT  ADDRESS: 433 ARROWHEAD DR  CITY/ST/ZIP/CO: KINGSFORT, TN 37664 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: MALCOLM K SIMS TITLE: PRESIDENT ADDRESS: 433 ARROWHEAD DR CITY/ST/ZIP/CO: KINGSFORT, TN 37664	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: MALCOLM K SIMS TITLE: PRESIDENT ADDRESS: 433 ARROWHEAD DR CITY/ST/ZIP/CO: KINGSFORT, TN 37664	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR			
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SAMUEL R BROWN DIRECTOR 251 SUNNYFIELD DRIVE BLOUNTVILLE, TN 37617	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	AARON HAMMONS DIRECTOR 126 BICENTENNIAL DR JEFFERSON CITY, TN 37760	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ERNIE HORNER DIRECTOR P.O.BOX 1007 MORRISTOWN, TN 37816	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LINDA NICHOLS DIRECTOR 600 MCCLELLAN CIRCLE ELIZABETHTON, TN 37643	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ALAUNA PEARCE DIRECTOR 7914 GLEASON DR #1148 KNOXVILLE, TN 37919	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ MALCOLM K SIMS SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT		MALCOLM K SIMS, PRESIDENT PRINTED NAME AND CORPORATE TITLE	
		6/10/2015 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			